Attorney Docket No.: CSCO-108434

Dr.	IN	THE UNITED	STA	TES PAT	<u> </u>	AND	TR	ADEM/	ARK	<u>OFFI</u>	<u>CE</u>	
bearing F	First Člass F	his transmittal of the b ostage and addressed	elow des	cribed document Commissioner for	nt is being r Patents	deposite P.O. Box	ed with 1450,	the United : Alexandria,	States , VA 2	Postal Ser 2313-1450	vice in ar on the b	n envelope below date
of deposit Date of Deposit:	5/25/0	Name of Person		Kerry Erin	Kelly	Signat	ture of	he Person Peposit:		240.4	55	Y/h
In re A	Applicati			HEY et al.				-	1		i	, vy
Serial 1	No.:		09/90	4,982	I	Examin	ner:		S	tevens,	T.	
Filed:			7/12/	2001	A	Art Un	it:		2	123		
					(Confir	matio	n No.	3	810		
For:		IOD AND SYS EMENTED IN									RONM	IENT
Comm P.O.Bo	iissione: ox 1450											
Alexar	naria, V	/A 22313-1450		AMEND	MENT	TRANS	SMIT	TAL				
1.	Transm	itted herewith is	a Prelii	minary amer	ndment	for this	s app	lication				
x Tr Tr	(<u>2 6</u> ansmitte	d herewith is a re Sheets) d herewith are d herewith is	·	sheets of				ve ident	ified ₍	patent a	pplicati	ion.
2.	Applica	nt is other than a	small	entity								
				Extens	sion o	f Ter	m					
3.	The pro	ceedings herein	are fo	r a patent ap	plicatio	n and	the p	rovisions	of 3	7, C.F.R.	. 1.136	apply.
(a)	[x]	Applicant petitic (fees: 37 C.F.R.	ons for . 1.17(a	an extension a)-(d) for the	n of tim total n	e unde umber	er 37 of mo	C.F.R. 1 onths che	.136 ecked	d below:)	
		Extens [x]one [] two ([] three [] four	month months montl	s ns	9	420.	.00 .00					
If an ad	ditional	extension of time	is req	uired, please		ee \$			 erefor			
(b)	[]	Applicant believe being made to period for a petition	provide	for the poss	sibility t		olican		dver	tently ov	erlook(ed the
						į.		FC:1251			_ 2.00	120 00 00

120.00 OP

Attorney Docket No.: CSCO-108434

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total					
Total Claims	53	- 53 =	0	x \$50.00	\$00.00					
Independent Claims	5	- 5 =	0	x \$200.00	\$00.00					
Multiple Dependent Claim Fee (one or more, first added by this \$260.00 amendment)										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [x] A check in the amount of \$ 120.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Customer Number: 000045593

Respectfully submitted,

Date: May 25, 2005 By: Lin C. Hsu

Reg. No. 46,315